

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On Feb. 25, 2015, the Senate passed (98-2) 98-2 to move forward on a "clean" DHS spending bill - free of the immigration riders the House attached when it passed its funding bill for the agency last month.** The Senate is expected to pass the bill by Feb. 27, before the current funding expires.

MILITARY HEALTH CARE NEWS

- **The *Military Times* reports that military and veterans service organizations are split in their reaction to a plan to overhaul the TRICARE health program.**

Testifying before the Senate about the recommendations by the Military Compensation and Retirement Modernization Commission to revamp the military health system, the Military Officers Association of America was against dismantling the existing program, while associations like National Military Family Association and National Guard Association seemed more open to the proposal.

The commission has proposed provided a health care allowance and giving servicemembers, military families and retirees access to an expanded network of about 250 coverage plans, which is similar to what federal employees are offered

Congress is weighing changes now that would raise average annual health insurance premiums from about \$500 to over \$1,700 over the next 15 years. But a panel appointed by lawmakers to review ballooning costs of the system said changing over to a fully privatized system will

increase access and quality of care beyond the fee increases.

VETERANS AFFAIRS NEWS

- **Secretary of Veterans Affairs Robert A. McDonald issued the following statement on the Oscar win for the HBO documentary “CRISIS HOTLINE: VETERANS PRESS 1.”**

“We are pleased that this film has highlighted the challenges our veterans can face and the work of our dedicated Veterans Crisis Line staff to save lives and get veterans into care. We are hopeful that this documentary will help raise awareness of this important issue with the American public. Our veterans in crisis need to know that there is hope and asking for help makes them stronger.”

- **The bipartisan Fixing Veterans Health Care task force, which was convened by Concerned Veterans for America, has recommended changes to the Veterans Affairs medical system for America's former military personnel.**

The reform measures, if enacted into law, would affect America's roughly 22 million veterans, especially the 8.5 million enrolled for care through the Department of Veterans Affairs.

Among key recommendations:

- Health care should be reprioritized to focus on veterans with service-connected disabilities and specialized needs. Patients already in the VA medical system would retain their access and eligibility while gaining new options.
- All enrolled veterans would be able to continue using VA health facilities or shift to subsidized care through private providers. The government would pay a percentage of medical costs via insurance programs, with coverage levels determined by each veteran's eligibility status. (The VA already provides benefits based on tiered eligibility calculations.)
- Future veterans and those not already enrolled in VA health care would be required to enter a new VA insurance system with varying levels of coverage. Not all would qualify for subsidies.
- Nearly 20 percent of future veterans — those in the lowest VA benefit levels, Priorities 7 and 8 — would not be eligible under the new system. About 1.6 million patients now are rated in those categories, but their benefits would be grandfathered in.
- VHA would be divided - half of it would become a non-profit government corporation that provides medical care in competition with private providers and half would oversee payments, or insurance coverage, for medical care on behalf of veterans using non-VA services.
- Closing inefficient medical centers and other VA facilities, similar to the shutdown of military installations under the controversial Base Realignment and Closure Act of 1990.

VA Secretary Robert McDonald, who did not attend the summit, issued a statement opposing the proposal.

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services announced that 9.4 million seniors and people with disabilities have saved over \$15 billion on prescription drugs, an average of**

\$1,598 per beneficiary.as a result of the Affordable Care Act.

In 2014 alone, nearly 5.1 million seniors and people with disabilities saved \$4.8 billion or an average of \$941 per beneficiary. These figures are higher than in 2013, when 4.3 million saved \$3.9 billion, for an average of \$911 per beneficiary.

Use of preventive services has also expanded among people with Medicare. An estimated 39 million people with Medicare (including those enrolled in Medicare Advantage) took advantage of at least one preventive service with no cost sharing in 2014. In contrast, in 2013, an estimated 37.2 million people with Medicare received one or more preventive benefits with no cost sharing. In 2014, nearly 4.8 million people with traditional Medicare took advantage of the Annual Wellness Exam, which exceeds the comparable figure from 2013, in which over 4 million took advantage of the exam.

The Affordable Care Act makes Medicare prescription drug coverage more affordable by gradually closing the gap in coverage where beneficiaries had to pay the full cost of their prescriptions out of pocket, before catastrophic coverage for prescriptions took effect. The gap is known as the donut hole. The donut hole will be closed by 2020, marking 2015 as the halfway point.

Because of the health care law, in 2010, anyone with a Medicare prescription drug plan who reached the prescription drug donut hole received a \$250 rebate. In 2011, beneficiaries in the donut hole began receiving discounts on covered brand-name drugs and savings on generic drugs.

People with Medicare Part D who fall into the donut hole in 2015 will receive discounts and savings of 55 percent on the cost of brand name drugs and 35 percent on the cost of generic drugs.

For state-by-state information on discounts in the donut hole, go to:

<http://downloads.cms.gov/files/Part-D-donut-hole-by-state-2014-YTD.pdf>.

- **The Department of Health and Human Services' Million Hearts initiative recognized 30 public and private health care practices and systems across the country as Hypertension Control Champions for their success in helping patients control high blood pressure.**

The 2014 Hypertension Control Champions include private and tribal clinical practices and health services, ranging from solo practitioners to large systems and representing both urban and rural areas. Together they care for more than 3.5 million adult patients in 19 different states. Each Champion was able to achieve hypertension control rates of 70 percent or more.

Nearly 1 in 3 American adults has hypertension, also known as high blood pressure. Only half have it under control, putting them at greater risk of developing heart disease or stroke—two of the leading causes of death in the U.S.

To view the list of the 2014 Million Hearts[®] Hypertension Control Champions, please visit <http://www.cdc.gov/media/releases/2015/p0224-million-hearts.html>.

To be eligible, entrants shared verifiable high blood pressure control data and highlighted successful strategies or best practices adopted by the practice or system, such as the use of health information technology or team-based care. All Champions achieved control rates ranging from 70 percent to more than 90 percent of adult patients by using a variety of innovative approaches, including:

- Making high blood pressure control a priority
- Using evidence-based guidelines and protocols

- Designating hypertension champions within a practice or organization
- Using team-based care models to increase contact with patients
- Implementing consistent, strategic use of electronic health records that include clinical decision support tools, patient reminders, and registry functionality
- Staying engaged with patients by offering free blood pressure checks, in-home nurse visits, and medication checks by pharmacists
- Using public recognition or financial incentives when possible to recognize high-performing clinicians or teams

For more information about the Hypertension Control Challenge and the 2014 Champions, please visit http://millionhearts.hhs.gov/aboutmh/htn_champions.html.

REPORTS/POLICIES

- There were no new reports this week.

HILL HEARINGS

- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 4, 2015**, to receive Legislative Presentation of the Veterans of Foreign Wars.
- The Senate Armed Services Subcommittee on Personnel will hold a hearing on **March 4, 2015**, to examine the Active, Guard, Reserve, and civilian personnel programs in review of the Defense Authorization Request for fiscal year 2016 and the Future Years Defense Program.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 5, 2015**, to receive legislative presentations from multiple military and veterans service organizations.
- The Senate Armed Services Subcommittee on Personnel will hold a hearing on **March 5, 2015**, to examine the postures on the Department of the Army and the Department of the Air Force in review of the Defense Authorization Request for fiscal year 2016 and the Future Years Defense Program.
- The Senate Armed Services Subcommittee on Personnel will hold a hearing on **March 10, 2015**, to examine the posture of the Department of the Navy in review of the Defense Authorization Request for fiscal year 2016 and the Future Years Defense Program.
- The House Veterans Affairs Committee will hold a hearing on **March 18, 2015**, to receive legislative presentations from multiple military and veterans service organizations.

LEGISLATION

- **H.R.1055** (introduced Feb. 25, 2015): To improve access to oral health care for vulnerable and underserved populations was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Natural Resources, Veterans' Affairs, and Armed Services.
Sponsor: Representative Elijah E. Cummings [MD-7]
- **H.R.1085** (introduced Feb. 25, 2015): To repeal the Prevention and Public Health Fund was referred to the House Committee on Energy and Commerce
Sponsor: Representative Joseph R. Pitts [PA-16]

- **S.531** (introduced Feb. 25, 2015): A bill to permit health insurance issuers to offer additional plan options to individuals was referred to the Committee on Finance.
Sponsor: Senator Jeff Flake [AZ]
- **S.564** (introduced Feb. 25, 2015): A bill to amend title 38, United States Code, to include licensed hearing aid specialists as eligible for appointment in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Jerry Moran [KS]
- **S.570** (introduced Feb. 25, 2015): A bill to improve access to oral health care for vulnerable and underserved populations referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Bernard Sanders [VT]

MEETINGS

- The ACHE Congress on Healthcare Leadership will be held on **March 16-19, 2015**, in Chicago, Ill. <http://www.ache.org/congress/>
- The 12th Annual World Health Care Congress will be held on **March 22-25, 2015**, in Washington DC. <http://www.worldcongress.com/events/HR15000/>
- The HIMSS Annual Conference and Exhibition will be held on **April 12-16, 2015**, in Chicago, Ill. <http://www.himssconference.org/>
- The 5th Annual Traumatic Brain Injury Conference will be held **April 15-16, 2015**, in Washington DC. <http://tbiconference.com/home/>
- The Heroes of Military Medicine Awards will be held on **May 7, 2015**, in Washington, DC. <http://www.hjfc3.org/heroes-dinner>
- 2015 AMSUS Annual Continuing Education Meeting - The Society Of The Federal Health Professionals will be held on **Dec. 1-4, 2015**, in San Antonio, Texas. <http://amsusmeetings.org/annual-meeting/>

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